

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA

**In Re: Oil Spill by the Oil Rig  
“Deepwater Horizon” in the Gulf  
of Mexico, on April 20, 2010**

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**MDL 2179**

**SECTION: J(2)**

**JUDGE BARBIER**

**Applies to:**  
*All Cases in the B3 Pleading  
Bundle*

**MAG. JUDGE WILKINSON**

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**FIRST AMENDMENT TO PRETRIAL ORDER NO. 68**

Pretrial Order No. 68 (“PTO 68,” Rec. Doc. 26070) required BP Exploration & Production Inc. and BP America Production Company (together, “BP”) and the plaintiffs in remaining and newly-filed cases in the B3 pleading bundle<sup>1</sup> (the “B3 Plaintiffs”) to, among other things, produce certain documents and information no later than 90 days after entry of PTO 68. The Court hereby AMENDS PTO 68 as follows:

1. Section I.A.2.d. of PTO 68 required B3 Plaintiffs to complete, sign, and produce to BP an Authorization for Release of Medicals Records Information for every health care professional identified in the Plaintiff’s Supplemental Medical Disclosure Form. However, PTO 68 did not contain the Authorization for Release of Medical Records Information. **Exhibit B** attached hereto<sup>2</sup> is the Authorization for

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<sup>1</sup> The “B3” pleading bundle includes all claims, of any type, relating to postexplosion clean-up efforts asserted against defendants not named in the B1 master complaint, as well as all claims for personal injury and/or medical monitoring for exposure or other injury occurring after the explosion and fire of April 20, 2010. (Pretrial Order No. 25, Rec. Doc. 983). The B3 bundle includes contract claims related to the oil spill response.

<sup>2</sup> This First Amendment to PTO 68 does not contain an Exhibit “A,” in order to avoid confusion with the Exhibit A attached to the original PTO 68.

Release of Medical Records contemplated in paragraph I.A.2.d. of PTO 68.

2. PTO 68 did not specify to whom and how the required productions should be made. Those instructions are provided here. Specifically, BP and the B3 Plaintiffs should produce the information and documents listed in Section I.A of PTO 68 to other parties in their individual cases, and **not** to the Court, by following the applicable procedure set forth below:

**Pro se B3 Plaintiffs** (plaintiffs not represented by an attorney)

shall mail the information and documents to the following address:

Counsel for BP  
Attn: Frank Sramek  
Kirkland & Ellis LLP  
300 North LaSalle St., Suite 2400  
Chicago, IL 60654

BP shall produce documents and information to pro se B3 Plaintiffs by FTP (file transfer protocol) or another method as may appropriate. Pro se B3 Plaintiffs shall contact Frank Sramek at Kirkland & Ellis LLP ([pto68productions@kirkland.com](mailto:pto68productions@kirkland.com)) to provide an email address where an FTP link to the production can be sent or to coordinate an alternative production method.

For **B3 Plaintiffs who are represented by counsel**, counsel for the B3 Plaintiffs should contact Frank Sramek at Kirkland & Ellis LLP ([pto68productions@kirkland.com](mailto:pto68productions@kirkland.com)) to coordinate the production. Both BP and the B3 Plaintiffs shall produce documents and information

in litigation-ready format, including a document production load file, TIFF image files, text files, Excel files in native format, and Bates numbered pages, as set forth in **Exhibit C** attached hereto.

For other inquiries to BP relating to the claims in the PTO 68 process, please contact Katie Jakola ([katie.jakola@kirkland.com](mailto:katie.jakola@kirkland.com)) and/or Kris Ritter ([kristopher.ritter@kirkland.com](mailto:kristopher.ritter@kirkland.com)) at Kirkland & Ellis LLP.

All other aspects of PTO 68 remain unchanged.

New Orleans, Louisiana, this 28th day of October, 2019



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United States District Judge

**Notes to Clerk:**

**Enter this First Amendment to PTO 68 in the MDL 2179 master docket and in the individual docket of any cases that are consolidated with MDL 2179 after the issuance of this order.**

**Mail copies of (1) PTO 68 (Rec. Doc. 26070) and (2) this First Amendment to PTO 68, including the exhibits attached to both, to the individuals listed below, who appear to be the pro se plaintiffs in the B3 bundle.**

Bruce, Shane Maddox	18-02626
Burkett, Craig Michael	17-03681
DeBose, Jimmy Raymond	17-03675
DeBose, Karen Ann	17-03670
Evans, Robert (Engineers & Filmmakers Computer Users Group)	16-03966
Fetterhoff, Carol Lynn	17-03350
Fetterhoff, Chayton Lee	17-03350
Fetterhoff, Chelsea Lynn	17-03350
Helmholtz, Michael Benjamin	17-02932
Keyes, Ellis (Estate of Christine C. Keyes)	14-02211

Merchant, Raymond Joe	15-04290
Watson, Esther Marie	16-15259

**EXHIBIT B**

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA**

**IN RE: OIL SPILL by the OIL RIG  
“DEEPWATER HORIZON” in the  
GULF OF MEXICO, on  
APRIL 20, 2010**

\* **MASTER DOCKET**  
\* **NO. 10-MD-2179**  
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**THIS DOCUMENT RELATES TO  
*All Claims in Pleading Bundle B3***

**AUTHORIZATION FOR  
RELEASE OF MEDICAL  
RECORDS PURSUANT TO  
45 C.F.R. § 164.508 (HIPAA)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, the individual named above, hereby authorize my health care provider(s), health plan(s), and health insurer(s) to disclose my **health records** to \_\_\_\_\_ at **Kirkland & Ellis LLP, 300 North LaSalle, Chicago, IL 60654 and/or their designated agents (“Receiving Parties” or “Recipients”).** These records shall be used, disclosed or re-disclosed solely in connection with litigation of my B3 clam in MDL 2179 or subsequent or related proceedings.

I hereby further grant any reimbursement claimant, lien holder or state or federal agency, and the contract representatives of either, permission to share with the **Recipients** all reimbursement claim and lien information and confirming **health records** regarding any conditional payments made, or medical care performed (collectively the “lien information”), by the claim/ lien holder.

As referred to above, my **health records** include any and all of the following:

Records of my medical condition(s), diagnoses, and treatment, including, but not limited to, physician’s records; surgeons’ records; discharge summaries; progress notes; consultations; pharmaceutical records; medication sheets; patient information sheets; consents for treatment; medical reports; x-rays and x-ray reports; CT scans, MRI films, photographs, and any other radiological, nuclear medicine, or radiation therapy films; interpretations of diagnostic tests; pathology materials, slides, tissues, and laboratory results and laboratory specimens and/or reports; consultations; physical therapy records; drug and/or alcohol abuse records; HIV/AIDS

diagnosis and/or treatment; physicals and histories; correspondence; psychiatric records; psychological records; psychometric test results; social worker's records; other information pertaining to the physical and mental condition; all hospital summaries and hospital records including, but not limited to, admitting records; admitting histories and physicals; case records, discharge summaries; physician's orders, progress notes, and nurses' notes; medical record summaries; emergency room records; all other hospital documents and memoranda pertaining to any and all hospitalizations and/or out-patient visits; and

Any and all insurance records; statements of account, bills or billing records, or invoices; any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, or diagnosis pertaining to my health.

I understand that the information in my **health records** may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that this authorization will permit counsel in this case to communicate with my healthcare providers regarding obtaining the medical records disclosed pursuant to this authorization.

In the event that this facility or medical provider requires execution of a proprietary authorization for the release of medical records, I shall execute such authorization within 30 days of my attorneys or I receiving from the Receiving Parties or their designated agents the required form. Similarly, if the policies of this institution or medical provider require a more recently-dated execution of this authorization than the one provided, I shall re-execute this authorization within 30 days of the Receiving Parties alerting my attorneys or I of that fact.

I understand that I have the right to revoke this authorization at any time. I understand that if I wish to revoke the authorization, I must do so in writing and must provide my written revocation to any and all of my health care providers, health plans, or health insurers, state or federal agencies and all other third party lien holders to which the revocation will apply. I understand that the revocation will not apply to any disclosures that have already been made in reliance on this authorization prior to the date upon which the disclosing health care provider, health plan, health insurer, or such other third party receives my written revocation.

I understand that my authorization of the disclosure of my **health records and lien information** is voluntary and that I therefore can refuse to sign this authorization. I also understand that I do not need to sign this authorization in order to obtain health treatment or to receive or be eligible to receive benefits for coverage of health treatment.

I understand that, once disclosed to the **Recipients, my health records and lien information** may be subject to re-disclosure by the **Recipients** or any of its agents and/or employees without my authorization, and may no longer be protected by federal privacy law or 45 CFR Parts 160 and 164.

This authorization expires two years from the date upon which it is executed.

I understand that a photocopy hereof shall have the same authority as the original.

I have a right to receive and retain a copy of this authorization when signed below.

\_\_\_\_\_  
Name of PLAINTIFF [PRINT]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Name and title of  
AUTHORIZED  
REPRESENTATIVE authorized  
to act on behalf of PLAINTIFF

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to PLAINTIFF

## EXHIBIT C

Default Relativity or Concordance Load File Data (Note: Field Name has an 8-character limit)								
Field Name	Field Description	Field Type	Hard Copy	E-mail	Spreadsheets	Presentations	Other Elec. Docs	
PLAINTIFF	Plaintiff producing data	Note Text	X	X	X	X	X	
BOX	Submission / volume / box number	Note Text	X	X	X	X	X	
CUSTODIAN	Custodian(s) / source(s) -- format: Last, First or ABC Dept	Multi-Entry	X	X	X	X	X	
BEGBATES	Start Bates (including prefix) -- no paces	Note Text	X	X	X	X	X	
ENDBATES	End Bates (including prefix) -- no spaces	Note Text	X	X	X	X	X	
DOCID	Populate with exact same value as start Bates [DOCID = BEGDOC#]	Note Text	X	X	X	X	X	
PGCOUNT	Page count	Integer	X	X	X	X	X	
BEGATTACH	Parent's start Bates, including prefix (ONLY in CHILD records)	Note Text	X	X	X	X	X	
ENDATTACH	Denotes the end of the last attachment (for Bates numbering)	Multi-Entry	X	X	X	X	X	
ATTACHRANGE	Bates number of the first page of the parent document to the Bates number of the last page of the last attachment child document (for Bates numbering) (including prefix) (i.e. ABC-001 - ABC-020)	Note Text	X	X	X	X	X	
FILEEXTENSION	Extension of the original file.	Note Text		X	X	X	X	
HASREDACTIONS	"X" if the document has a redaction	Note Text	X	X	X	X	X	
AUTHOR	Document Author -- format: Last, First	Note Text			X	X	X	
FROM	Sender -- format: Last, First	Note Text		X				
TO	Recipient -- format: Last, First	Multi-Entry		X	X	X	X	
CC	CC field -- format: Last, First	Multi-Entry		X	X	X	X	
BCC	BCC field -- format: Last, First	Multi-Entry		X	X	X	X	
SUBJECT	Subject / document title	Note Text		X	X	X	X	
DATETIMESENT	Email Sent Date / Date and Time -- format: MM/DD/YYYY HH:MM	Date/Time-Keyed		X				
FILESIZE	File size	Note Text			X	X	X	
FILENAME	File name - name of file as it appeared in it's original location	Note Text			X	X	X	
FILEPATH	Data's original source full folder file path	Note Text		X	X	X	X	
DOCLINK	Current file path location to the native file (on the delivery medium)	Note Text			X	X	X	

Production Format	
Native Files	"Document Produced in Native Format" slip sheet for Excels, Spreadsheets, CSV, Audio, and Video files Named by Bates Begin Place in a NATIVES folder
Text	Document level text files Named by Bates Begin Place in a TEXT folder
Images	Tiff format: Black and White, Compression Group IV, 300 dpi single-page Named by bates number Place in an IMAGES folder
DAT and OPT Load Files	Load File Formats Requested: Concordance .DAT and OPT Delimiters: <ul style="list-style-type: none"> <li>• Field separator – ¶ (ASCII Character 020)</li> <li>• Text qualifier – þ (ASCII Character 254)</li> <li>• Multi-Entry – ; (ASCII Character 059)</li> <li>• Return Value – @ (ASCII Character 174)</li> </ul>